

Name of Person Filing Document:
Your Address:
Your City, State, Zip Code:
Your Telephone Number:
Attorney Bar Number (if applicable)

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

CASE NUMBER JD: _____

**NOTICE OF INITIAL
DEPENDENCY HEARING**

Child(ren)'s Name
Person(s) under the Age of 18

**WARNING: YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU
DO NOT APPEAR AT THIS HEARING.**

NOTICE IS HEREBY GIVEN that the Petitioner, (name of Petitioner) _____

_____ has filed a Dependency Petition with the Juvenile
Court in Maricopa County regarding the above-named child(ren) and the child(ren) has/have been made
a temporary ward of the Court.

A HEARING HAS BEEN SET to consider the Petition on:

Date of Hearing: _____

Time of Hearing: _____

Location: Maricopa County Juvenile Court Center (check one box)

☐

Durango Facility **OR**
3125 West Durango Street
Phoenix, Arizona 85009

☐

Southeast Facility
1810 South Lewis Street
Mesa, Arizona 85210

Name of Judicial Officer: _____

TODAY'S DATE: _____

Petitioner's Signature